

## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

**RECEIVED**  
NOV 16 2004  
Technology Center 2600

on November 9, 2004

Gloria Lynn Knox  
Gloria Lynn Knox

In Re Application of:

Benedict A. Itri

Serial No.: 09/819,325

Filed: March 28, 2001

Confirmation No.: 4374

Group Art Unit: 2644

Examiner: Swerdlow, Daniel

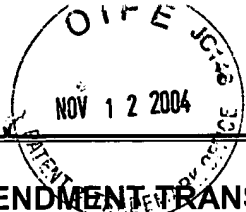
Docket No.: 060705-1590

For: **DSL Line Tester**

The following is a list of documents enclosed:

Amendment and Response to (Non-Final) Office Action  
Amendment Transmittal Letter (Large)  
Petition for Extension of Time under 37 CFR 1.136(a)  
PTO-2038 authorizing payment in the amount of \$110.00 for the one-month  
Extension of Time  
Return Postcard

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



41 2644

**AMENDMENT TRANSMITTAL LETTER (LARGE)**

Docket No.

**060705-1590**

Applicant(s): **Benedict A. Itri**

Serial No.  
**09/819,325**

Filing Date  
**March 28, 2001**

Examiner  
**Swerdlow, Daniel**

Confirmation No.  
**4374**

Group Art Unit  
**2644**

Invention: **DSL Line Tester**

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**Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450**

**Technology Center 2600**


Transmitted herewith is the Amendment and Response to (Non-Final) Office Action and a One-Month Extension of Time in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	34 =	0	X \$18.00	\$0.00
INDEP. CLAIMS	3 -	8 =	0	X \$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$150.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$110.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$430.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$980.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1530.00	\$110.00
Other Fees:					\$
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$110.00</b>

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$110.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
**Daniel R. McClure, Reg. No. 38,962**

Nov 9, 2004  
Date